

2021 NOV -2 PM 3:20

JEANNE A. TAYLOR

BY: *Rob Nkomo*

# EXHIBIT B

## Renewal Homeowners Policy Declarations

Your policy effective date is August 15, 2021



Page 1 of 3

### Total Premium for the Premium Period (Your bill will be mailed separately)

Premium for property insured	\$1,410.14
<b>Total</b>	<b>\$1,410.14</b>

*Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s).*

### Discounts (included in your total premium)

Claim Free	15%	Protective Device	5%
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### Location of property insured

3269 S New York Ave, Milwaukee, WI 53207-3075

### Rating Information\*

Please review and verify the information regarding your insured property. Please refer to the Important Notice (X67831-2) for additional coverage information. Contact us if you have any changes.

The dwelling is of frame construction and is occupied by 2 families.

Your dwelling is 2 miles to the fire department.

#### Dwelling Style:

Built in 1910; 2 families; 1903 sq. ft.; 2 stories

#### Foundation:

Below grade basement, 100%

#### Attached structure:

Open porch, 127 sq. ft.

#### Detached structure:

One 2-car detached garage

#### Interior details:

Two basic kitchens

Two basic full baths

#### Exterior wall type:

100% vinyl siding

#### Interior wall partition:

100% drywall

#### Heating and cooling:

Gas heating, 100%

#### Additional details:

Information as of June 1, 2021

### Summary

Named Insured(s)

Supportive Health LLC

Mailing address

72 Van Reipen Ave #353

Jersey City, NJ 07306

Policy number

**912 645 014**

Your policy provided by

**Allstate Property and Casualty Insurance Company**

Policy period

Begins on **August 15, 2021** at 12:01 A.M.

standard time, with no fixed date of expiration

Premium period

Beginning **August 15, 2021** through

**August 15, 2022** at 12:01 A.M. standard time

Your Allstate agency is

**Sue Kempfer & Assoc**

555 Donofrio #102

Madison WI 53719-2053

(608) 274-4147

SueKempfer@allstate.com

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.

(continued)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Wolfgram Insurance Agency, Inc. PO Box 122 North Prairie, WI 53153	<b>CONTACT NAME:</b> LOGAN WOLFGRAM <b>PHONE (A/C, No, Ext):</b> (262) 349-9605 <b>FAX (A/C, No):</b> (262)349-9608 <b>E-MAIL ADDRESS:</b> logan@wolfgraminsurance.com																					
<b>INSURED</b> Supportive Health, LLC 72 Zan Reipen St #353 Jersey City, NJ 07306	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>Berkshire Hathaway Homestate Companies</td><td></td></tr> <tr> <td>INSURER B:</td><td></td><td></td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Berkshire Hathaway Homestate Companies		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		02PRM020205	07/16/2021	07/16/2022	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>COMMERCIAL PROPERTY</b> BUSINESS INCOME/EXTRA EXPENSE		02PRM020205	07/16/2021	07/16/2022	\$150,000 DEDUCTIBLE \$1000 \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROPERTY ADDRESS:  
 2229 E EDEN PLACE  
 SAINT FREANCIS, WI 53236

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Logan Wolfgram*